

DEPARTMENT OF ENVIRONMENTAL QUALITY  
LAND AND WATER MANAGEMENT DIVISION  
PRE-APPLICATION MEETING REQUEST

DEQ FILE NO.-FOR OFFICIAL USE

**Applicant**

Applicant: MARQUETTE COUNTY ROAD COMMISSION		
Address: 1610 N SECOND STREET		
City: ISHPEMING	State: MI	Zip: 49849
Phone: 906 486-4491	Fax: 906 486-4493	
Email: JMWANICKI@MARQCAD.ORG		

**Property Owner**

Property Owner: PUBLIC		
Address: ROAD PROJECT		
City:	State:	Zip:
Phone:	Fax:	
Email:		

**Agent (if applicable)**

Agent:		Company:
Address:		
City:	State:	Zip:
Phone:	Fax:	Email:

**Site location**

Address: SEE ATTACH MAP		Township/City:	Zip:
County:	Town:	Range:	Section:
Project Name:			
Directions (nearest major intersection and directions from major intersection):			

**PRE-APPLICATION MEETING REQUEST**

- The meeting is requested at the ☐ Project site or ☒ DEQ district office
- DEQ staff should contact ☒ the Applicant or ☐ Agent
- Is the proposed project a single family residential lot one acre or less in size? ☐ Yes ☒ No

**GENERAL INFORMATION**

Project description (use additional sheets if necessary): SEE ATTACH MAP & TEXT

Estimated total project area (acres): 200

Will wetlands be involved? (Yes, No, Unsure) Circle one

Has a wetland delineation been conducted? (Yes, No) Circle one

Will inland lakes and streams be involved? (Yes, No, Unsure) Circle one

Will floodplains be involved? (Yes, No, Unsure) Circle one

Other resources involved (Critical Dunes, High Risk Erosion Areas, etc.):

Estimated acreage of impact 30

Estimated cubic yards of fill 50,000

Waterbody name

**SIGNATURE**

I hereby certify that I am familiar with the information contained in this application, that it is true and accurate. I understand that there are penalties for submitting false information and that any finding pursuant to this request may be revoked if information on this request is untrue.

Signed Jane M Lunnick

Date 11/5/10